

# CLAIMS ONLY

Application Number	Filing Date
10/502,183	
Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4		1				
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49						
50						
Total Indep	1					
Total Depend.	3					
Total Claims	4					

* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep
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100					
Total Indep					
Total Depend					
Total Claims					